

# START AN ENVIRONMENTAL JOB TRAINING PROGRAM IN YOUR COMMUNITY!

## Strategies for Job Development & Training in Brownfields Communities Workshop

The Hazardous Materials Training and Research Institute (HMTRI) and the U.S. Environmental Protection Agency would like to invite you to participate in a workshop that will show you how to develop an environmental job training program in your community. These workshops are designed to provide knowledge and tools necessary to undertake activities that will maximize job development and employment opportunities for residents living in Brownfields-impacted areas. There is no registration fee to attend (see *Cost and Reimbursement* below).

**OCTOBER 16-17, 2006 — NASHVILLE, TENNESSEE**



### SPONSORED BY

The Hazardous Materials Training and Research Institute (HMTRI) under a Cooperative Agreement with the U.S. Environmental Protection Agency.

### COST & REIMBURSEMENT

There is no fee to attend. The workshop is funded through a Cooperative Agreement from the U.S. Environmental Protection Agency. Participants from out of town will have their lodging paid for two nights. All other costs (transportation, meals, etc.) will be the responsibility of the participant.

### QUESTIONS

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Hazardous Materials Training and Research Institute  
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### WORKSHOP TOPICS

- Overview of the Brownfields Economic Redevelopment Initiative
- Starting an environmental job training program
- Working with training providers, support services, and partnerships
- Employers' perspective/assessing the job market
- Developing curriculum, employability, & life skills
- Establishing Employer Advisory Committees
- Funding sources, resources, and sustainability

### WORKSHOP DETAILS & LOCATION

Marriott Courtyard Nashville / Airport  
Monday, October 16, 2006 – 6:00 p.m. - 8:30 p.m.  
Tuesday, October 17, 2006 – 8:00 a.m. - 7:30 p.m.

Details will be sent after registration is received.

### REGISTRATION DEADLINE

Tuesday, October 3, 2006

## REGISTRATION FORM

Please print or type

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### RETURN THIS FORM ONE OF THREE WAYS:

**MAIL, FAX, or EMAIL** to Glo Hanne. Contact information is above.